



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

ROBERT W. SWANSON  
DIRECTOR

STATE PLUMBING BOARD  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
BUREAU OF CONSTRUCTION CODES  
Conference Room No. 1  
2501 Woodlake Circle  
Okemos, Michigan 48864

**AGENDA**

September 18, 2007  
10:00 a.m.

1. Call to Order and Determination of Quorum D. Branch
2. Approval of Minutes – July 18, 2007 (Pages 1 – 5)
3. Approval of Examination Results (Pages 6 – 8)  
Approval of Journey Plumber Examination Results – July 19, 2007  
Approval of Master Plumber Examination Results – July 19, 2007  
Approval of Plumbing Contractor Examination Results – July 19, 2007
4. Applicants Appearing Before the Board (Pages 9 – 43)
 

A.	Halsted, Montgomery S.	Journey Plumber Applicant	10:05
B.	Pearl, Chad T.	Journey Plumber Applicant	10:10
C.	Vachon, Kirk D.	Master Plumber Applicant	10:15
D.	Kontny, Christopher K.	Master Plumber Applicant	10:20
E.	Calvas, Bill T.	Master Plumber Applicant	10:25
F.	Soria, Daniel M. Jr.	Master Plumber Applicant	10:30
G.	Gibson, Rickey G.	Master Plumber Applicant	11:35
H.	Glushin, Jeremy T.	Master Plumber Applicant	11:40

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact the Plumbing Division at (517) 241-9330 at least 10 workdays before the event.

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9330 • Fax (517) 373-8547  
[www.michigan.gov](http://www.michigan.gov)

5. Good Moral Character Appeals
  - A. Rios, Ramon A. Apprentice Applicant and Plumbing Contractor Applicant 10:30
  - B. Hoekenga, Edward T. Journey Plumber Applicant 10:45
  - C. Wardell, Jeremiah J. Apprentice Applicant 11:00
  - D. Kemp, John L. Apprentice Applicant 11:15
  - E. Biber, Mike S. Apprentice Applicant 11:30
  - F. Yarbrough, Tracey L. Plumbing Contractor Applicant 11:45
  - G. Ohman, Eric K. Apprentice Applicant 12:00
6. Construction Code Appeals Request
7. Chief's Report R. Konyndyk
8. Legislative Update R. Konyndyk
9. Plumbing Inspector Registration (Page 44) R. Konyndyk
10. Old Business
11. New Business
12. Public Comment
13. Next Meeting – October 30, 2007
14. Adjournment



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

STATE PLUMBING BOARD  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
BUREAU OF CONSTRUCTION CODES  
Upper Peninsula State Fairgrounds  
2401 12<sup>th</sup> Avenue North  
Escanaba, Michigan 49829

MINUTES  
July 18, 2007  
8:15 a.m.

**MEMBERS PRESENT**

Mr. Duane Branch, Chairperson  
Ms. Valerie Cotanche  
Mr. Richard Gaber  
Mr. David Jones  
Mr. Charlie Swindell

**MEMBERS ABSENT**

Mr. Michael Gaber  
Mr. Brock Howard

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH PERSONNEL**  
**ATTENDING**

Mr. Robert G. Konyndyk, Chief, Plumbing Division  
Mr. Tom Perosky, State Plumbing Inspector

**OTHERS IN ATTENDANCE**

Mr. Scott McCullough, Seneca Middle School  
Mr. Jack Korpi, Farwell Area Schools  
Mr. Greg Woods, Farwell Area Schools

**1. CALL TO ORDER AND DETERMINATION OF QUORUM**

Chairperson Branch called the meeting to order at 8:15 a.m. A quorum was present at that time.

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**2. APPROVAL OF MINUTES**

A **MOTION** was made by Board Member Swindell and supported by Board Member R. Gaber to approve the board minutes from the June 5, 2007 meeting. **MOTION CARRIED.**

**3. APPROVAL OF JOURNEY, MASTER AND PLUMBING CONTRACTOR EXAM RESULTS**

A **MOTION** was made by Board Member Swindell and supported by Board Member R. Gaber to approve the results of the Journey and Master Plumber Examination held on June 6, 2007 and to approve the results of the Plumbing Contractor Examination held on June 13, 2007. **MOTION CARRIED.**

**4. APPLICANTS APPEARING BEFORE THE BOARD**

Mr. Terrance J. Ritchie, Master Applicant, appeared before the board requesting permission to take the Master Plumber Examination. Mr. Ritchie provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Ritchie regarding his qualifications to take the Master Plumber Examination, a **MOTION** was made by Board Member R. Gaber and supported by Board Member Swindell to approve Mr. Ritchie be allowed to take the Master Examination. **MOTION CARRIED.**

**5. NEW PRODUCTS**

Tane Company – water powered backup sump pump BCCP-07-004

The Board reviewed a product approval request from Tane Company for water powered backup sump pump, models MG22 and MG 36. The Board noted Tane Company had updated their installation instructions to include the RPZ in the illustrations and instructions.

A **MOTION** was made by Board Member Swindell and supported by Board Member Jones to forward the product to the Commission for approval. **MOTION CARRIED.**

NIBCO Inc. – NIBCO press system fittings 2 ½”, 3” and 4” sizes BCCP-07-009

The Board reviewed a product approval request from NIBCO Inc. for press system fittings 2 ½”, 3”, and 4” sizes.

A **MOTION** was made by Board Member R. Gaber and supported by Board Member Swindell to forward the product to the Commission for approval. **MOTION CARRIED.**

Moen Inc. – kitchen pullout faucet model S758 and S658 BCCP-07-010

The Board reviewed a product approval request from Moen Inc. for kitchen pullout faucet model S758 and S658.

A **MOTION** was made by Board Member R. Gaber and supported by Board Member Swindell to forward the product to the Commission for approval. **MOTION CARRIED.**

**6. CONSTRUCTION CODE APPEALS**

Seneca Middle School - CCC-PLBG-07-004

Mr. Scott McCullough presented the board a construction code appeal request to allow the use of electronic trap seal primers conformation to ASSE 1044-01 which is different than the 1986 standard edition approved by the rule process and published in the current Michigan Plumbing Code.

A **MOTION** was made by Board Member Jones and supported by Board Member R. Gaber to approve the construction code appeal request for Seneca Middle School. **MOTION CARRIED.**

Farwell Area Schools - CCC-PLBG-07-005

Mr. Jack Korpi and Mr. Greg Woods presented the board a variance request to allow the discharge of the floor drainage system to a pump and haul system.

A **MOTION** was made by Board Member Jones and supported by Board Member R. Gaber to approve the construction code appeal request for Farwell Area Schools. **MOTION CARRIED.**

**7. CHIEF'S REPORT**

Mr. Konyndyk provided information on the following issues:

An update on the plumbing licenses currently in issued status is the following: 2,883 Plumbing Contractors, 4,502 Master Plumbers, 5,115 Journey Plumbers, 1,757 Apprentice Registrations, and 65 Affidavit.

Effective September 18, 2007 the board meeting information will be provided to the board members thru the BCC Website. We will no longer mail out packets to the board. All information will be scanned and submitted in electronic version. Hard copies will no longer be supplied for board meetings.

July 18, 2007

An update on the rules was present by Mr. Konyndyk. It is estimated that the 2006 edition of the Michigan Plumbing Code projection date to be enforced is December 1, 2007. We are confident that the commercial code will be completed by then and the residential code will follow later.

It was previously approved by the board that effective September 2007 journey plumber applicants were to supply their pipe, copper fittings and solder in the amount needed in order to complete their examination. However, after an inventory of our supplies we will continue with our current exam process for September 2007 and December 2007.

License renewals are being entered by the division. Late fees became effective after June 30, 2007 for renewals and prices are as follows: plumbing contractor or master plumber late fee is \$85, journey plumber late fee is \$25, apprentice late fee is \$10 and affidavit late fee is \$28.

#### **8. LEGISLATIVE UPDATE**

There were no legislative matter update issues to discuss.

#### **9. PLUMBING INSPECTOR REGISTRATION (1)**

Mr. Robert Konyndyk provided the following plumbing inspector registration applicant for approval:

KORTAN, Michael S.  
Additional Inspector

Byron Township - Kent County

A **MOTION** for plumbing inspector registration was made by Board Member R. Gaber and supported by Board Member Swindell to forward the individual to the Construction Code Commission for approval. **MOTION CARRIED.**

#### **10. LICENSING ACTION**

The board reviewed the license action signed by Stanley J. Boven. The action was in conjunction with a settlement agreement for Conservation Reserve Group of Atlanta, Georgia. Mr. Konyndyk provided details concerning the event.

A **MOTION** was made by Board Member Swindell and supported by Board Member R. Gaber to accept the settlement agreement **MOTION CARRIED.**

July 18, 2007

**11. OLD BUSINESS**

Mr. Konyndyk provided an update on the MWI no hub cast iron pipe and fittings product. He informed the Board of the work he is currently conducting per Mr. Green's instructions.

**12. NEW BUSINESS**

None

**13. PUBLIC COMMENT**

None

**14. NEXT MEETING**

August 22, 2007

**15. ADJOURNMENT**

Chairperson Branch adjourned the meeting at 11:30 a.m.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

License Review – Journey Plumber  
**July 19, 2007**

The following individuals have received a passing score for the Journey Plumber examination taken in Escanaba, Michigan on July 19, 2007.

<u>Journey Plumber</u>	<u>Address</u>
BROOKS, NICHOLAS J	CHEBOYGAN MI
BURBY, RICHARD J III	QUINNESEC MI
EICHHORN, ABRAHAM J	POWERS MI
KEMPPAINEN, ERIC W	DODGEVILLE MI
MAC DOWELL, THOMAS B	RUDYARD MI
MACDOWELL, TIMOTHY J	RUDYARD MI
MAYER, TRAVIS J	RUDYARD MI



License Review – Master Plumber  
**July 19, 2007**

The following individuals have received a passing score for the Master Plumber examination taken in Escanaba, Michigan on July 19, 2007.

Master Plumber

Address

MICKELSON, DANIEL W

MUNISING MI

License Review – Plumbing Contractor  
**July 19, 2007**

The following individuals have received a passing score for the Plumbing Contractor examination taken in Escanaba, Michigan on July 19, 2007.

Plumbing Contractor

Address

KING, DANIEL J

GLADSTONE MI

ROSTEN, TYRONE A

CHAMPION MI



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

August 27, 2007

Mr. Montgomery S. Halsted  
3615 Andover Lane  
Hudsonville, MI 49426

Dear Mr. Halsted:

The Plumbing Division has received your Application for the **Journey Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:05**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Colorado** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/mkr

Enclosure

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Application for Journey Plumber Examination  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330

95

www.michigan.gov/hcc

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733 Completion: Necessary for examination consideration Penalty: Application cancelled and fee forfeited	The Department of Labor and Economic Growth national origin, color, marital status, disability with Disabilities Act, you may make you
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Instructions: Applicant shall be at least 18 years of age and have 6,000 hours of experience in the plumbing trade. Applicant shall be a current

Out of State Experience  
No plumbing license in Michigan.

- Complete and sign original application. Type or print in ink.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the State of Michigan.
- Mail completed application (all pages must be submitted) and fee to the address above.

OFFICE USE ONLY

T-82 22651 ✓

Applicant Information

NAME (Last, First, Middle) Halsted Montgomery Stewart		SOCIAL SECURITY NUMBER*
HOME ADDRESS 3615 Andover lane		DATE OF BIRTH
CITY Hudsonville		COUNTY Ottawa
STATE Michigan	ZIP CODE 49426	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan journey plumber examination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you now licensed as a journey plumber in another state or country?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Journey Plumber License No. 289256 State/Country Colorado, USA	
3. Are you registered as an apprentice with the State of Michigan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Apprentice No. 83- _____	

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date

September, 19, 2007

☐ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Apprenticeship School

1. Have you attended a joint apprenticeship school? <input checked="" type="checkbox"/> Yes (complete information below) <input type="checkbox"/> No		
NAME OF SCHOOL Denver Plumbing Union #3 JATC	CITY Denver	STATE CO
INSTRUCTOR Mark Mitchell	DATES ATTENDED (MO/DAY/YR) From: 9/1/2002 To: 5/11/2007	
2. Have you attended other plumbing schools (military, adult education, etc.)? <input type="checkbox"/> Yes (complete information below) <input checked="" type="checkbox"/> No		
NAME OF SCHOOL	CITY	STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) From: To:	

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Education**

HIGH SCHOOL <i>Plainwell High School</i>		COLLEGE / UNIVERSITY <i>Central Michigan University</i>	
CITY <i>Plainwell</i>	STATE <i>Michigan</i>	CITY <i>Mt. Pleasant</i>	STATE <i>Michigan</i>
HIGHEST GRADE COMPLETED <i>12th</i>	DATE GRADUATED <i>1989</i>	MAJOR <i>General</i>	DATE GRADUATED <i>I didn't</i>

**Background Information**

Have you been convicted of a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

**Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)**

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
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### Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

### Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

### Out-of-State/Country Experience

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

**Present Employer** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)	
CITY	STATE	ZIP CODE	From:	To:
			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time      No. Hours/Week _____
TYPE OF WORK PERFORMED				
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____	
			this _____ day of _____, _____	
			a Notary Public in and for _____ County, Michigan.	
			Signature of Notary Public _____	
SIGNATURE OF MASTER PLUMBER			My Commission expires: _____	
LICENSE NUMBER				


**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)	
CITY	STATE	ZIP CODE	From:	To:
			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time No. Hours/Week _____
TYPE OF WORK PERFORMED				
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____	
SIGNATURE OF MASTER PLUMBER			this _____ day of _____,	
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.	
			Signature of Notary Public _____	
			My Commission expires: _____	

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)	
CITY	STATE	ZIP CODE	From:	To:
			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time No. Hours/Week _____
TYPE OF WORK PERFORMED				
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____	
SIGNATURE OF MASTER PLUMBER			this _____ day of _____,	
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.	
			Signature of Notary Public _____	
			My Commission expires: _____	

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE
	8/7/07



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

August 27, 2007

Mr. Chad T. Peart  
27 EMS B38A Lane  
Leesburg, IN 46538

Dear Mr. Peart:

The Plumbing Division has received your Application for the **Journey Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:10**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Indiana** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/mkr

Enclosure

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Application for Journey Plumber Examination  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Plumbing Division  
P.O. Box 30255  
Lansing, MI 48909  
517-241-9330

95

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733  
Completion: Necessary For Exam Consideration  
Penalty: Examination Will Not Be Given  
The Department of Labor & Economic Growth will not consider color, marital status, disability, or political beliefs. If you have any special needs, please make your needs known to this agency.

Instructions - Applicant shall be at least 18 years of age and have 6,000 hours of experience shall be under the supervision of a master plumber. Applicant must be a resident of Michigan. PA 733.

Out of State Experience  
Not registered as an apprentice in Michigan.

- Complete and sign original application. Type or print in ink.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the State of Michigan.
- Mail completed application (all pages must be submitted) and fee to above address.

Applicant Information

NAME (Last, First, Middle) <b>PEART CHAD Thomas</b>		OFFICE USE ONLY T-82 22642 ✓
HOME ADDRESS <b>27 EMS B38 A Lane</b>		SOCIAL SECURITY NUMBER
CITY <b>Leesburg</b>	STATE <b>IN</b>	DATE OF BIRTH
ZIP CODE <b>46538</b>	COUNTY <b>Lansing, Mich</b>	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan journey plumber examination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you now licensed as a journey plumber in another state or country?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Journey Plumber License No. <b>Plumbing Contractor 10000036</b>	State/Country <b>Indiana</b>
3. Are you registered as an apprentice with the State of Michigan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Apprentice No. <b>83-</b>	

Examination Preference

Examinations are conducted in March, June, September, and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date ☒ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Apprenticeship School

1. Have you attended a joint apprenticeship school? <input checked="" type="checkbox"/> Yes (Complete information below) <input type="checkbox"/> No	
NAME OF SCHOOL <b>PHCC</b>	CITY/STATE <b>EIKHART, IN</b>
INSTRUCTOR <b>3 - Instructors</b>	DATES ATTENDED (MO/DAY/YR) FROM: <b>1998</b> TO: <b>2000</b>
2. Have you attended other plumbing schools (Military, Adult Education, Etc.)? <input type="checkbox"/> Yes (Complete information below) <input checked="" type="checkbox"/> No	
NAME OF SCHOOL	CITY/STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) FROM: TO:

**Education**

HIGH SCHOOL	COLLEGE / UNIVERSITY
<i>Holidaysburg Area High School</i>	<i>Slippery Rock University</i>
CITY / STATE	CITY / STATE
<i>Holidaysburg, PA</i>	<i>Slippery Rock, PA</i>
HIGHEST GRADE COMPLETED	DATE GRADUATED
<i>12<sup>th</sup></i>	<i>1990</i>
MAJOR	DATE GRADUATED
<i>OSHA</i>	<i>did not (1 1/2 yrs)</i>

**Background Information**

Have you been convicted of a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

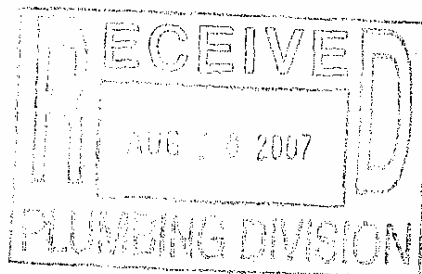
If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach addition sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURTS	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

**Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)**

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes and Fire Safety to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE	DATE
-----------	------



Tran Info:95 13157217-1 08/08/07  
Chk#: 150760 Amt: \$50.00  
ID: J O MORY INC

### Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc.) please explain.

### Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

### Out-of-State/Country Experience

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the State of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, but not licensed, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

**Present Employer** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <u>J.O. Mory Inc</u>			NAME OF MASTER PLUMBER <u>Gene Mory, Jr.</u>	
BUSINESS ADDRESS <u>7470 So. St. Rd 3</u>			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY) FROM: <u>4-10-06</u> TO: <u>Present</u>	
CITY <u>South Milford</u>	STATE <u>IN</u>	ZIP <u>46786</u>	WORK SCHEDULE <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	NUMBER OF HOURS WORKED/WEEK <u>40+</u>
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK <u>Industrial/Commercial Plumbing, Boilers, in Floor HTG. - Roughing -&gt;</u> <u>Final Finish</u>				

I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.

SIGNATURE OF MASTER PLUMBER

X Gene Mory Jr.

LICENSE NUMBER

8107594

SUBSCRIBED AND SWORN BEFORE ME, Vincent Ball  
THIS 18th DAY OF July, 2007  
A NOTARY PUBLIC IN AND FOR Noble COUNTY,  
Michigan-Indiana  
Vincent Ball TINA M. BALL  
(Signature) NOTARY PUBLIC  
MY COMMISSION EXPIRES: 11-2-07

94

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

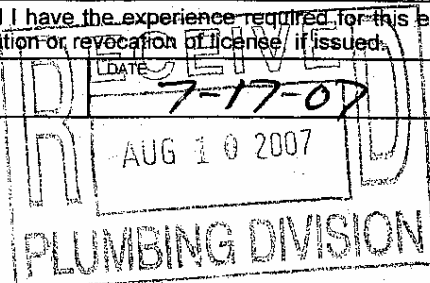
NAME OF EMPLOYER <i>Goshen Plog. &amp; HTG.</i>			NAME OF MASTER PLUMBER <i>ELMER STURMAN</i>		
BUSINESS ADDRESS <i>1753 N. Eisenhower Dr.</i>			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY) FROM: <i>1997</i> TO: <i>2006</i>		
CITY <i>Goshen</i>	STATE <i>IN</i>	ZIP <i>46526</i>	WORK SCHEDULE <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		NUMBER OF HOURS WORKED/WEEK <i>40+</i>
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Residential - New Homes, Bath Remodels, Light Commercial work</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, <i>Tina M. Ball</i> THIS <i>18th</i> DAY OF <i>July</i> <i>2007</i> A NOTARY PUBLIC IN AND FOR <i>Noble</i> COUNTY, <i>Michigan</i> <i>Indiana</i> <i>Vincent Ball</i> <i>Tina M. Ball</i> (Signature) NOTARY PUBLIC MY COMMISSION EXPIRES: <i>11-2-07</i>		
SIGNATURE OF MASTER PLUMBER <i>Elmer L. Sturman</i>					
LICENSE NUMBER <i>PC 81014600</i>					

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY) FROM: TO:		
CITY	STATE	ZIP	WORK SCHEDULE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		NUMBER OF HOURS WORKED/WEEK
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, _____ THIS _____ DAY OF _____ A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN (Signature) NOTARY PUBLIC MY COMMISSION EXPIRES: _____		
SIGNATURE OF MASTER PLUMBER					
LICENSE NUMBER					

**Certification and Signature (Must be completed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and I have the experience required for this examination. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE <i>C. Pears</i>	DATE <i>7-17-07</i>





JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

June 21, 2007

Mr. Kirk D. Vachon  
611 W. Fifth Avenue  
Garrett, IN 46738

Dear Mr. Vachon:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:15**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Indiana** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/mkr

Enclosure

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9330 • Fax (517) 373-8547  
[www.michigan.gov](http://www.michigan.gov)

Application for Master Plumber Examination  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Plumbing Division  
P.O. Box 30255  
Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bccfs

92

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733	The Department of Labor & Economic Growth
Completion: Necessary For Exam Consideration	origin, color, marital status, disabilities
Penalty: Application Cancelled & Fee Forfeited	Act, you may make you

GMC - YES

OK

national  
ns with

Instructions - Applicant shall be at least 18 years of age, hold a job  
hours experience in work as a journey plumber over a period of at least

Out of State Experience

\$4,000

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must be
- Enclose a check or money order made payable to the **State of Michigan**
- Mail completed application (all pages must be submitted) and fee to

He also sent in an application for  
Plumbing Contractor exam & is  
scheduled for September 26, 2007.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

Applicant Information

NAME (LAST, FIRST, MIDDLE) VACHON KIRK D.		OFFICE USE ONLY T-81
HOME ADDRESS 611 W. FIFTH AVENUE		SOCIAL SECURITY NUMBER*
CITY GARRETT	STATE INDIANA	DATE OF BIRTH
ZIP CODE 46738	COUNTY DEKALB	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Journey Plumber License No. 82- out of state		
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. PC 196 00068 State/Country INDIANA OHIO		

Examination Preference

Examinations are conducted March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date \_\_\_\_\_

☒ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor?

☒ Yes☒ No*? I DON'T KNOW IF THIS WAS A MISDEMEANOR*

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach addition sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

*KIRK D. VACHON*

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

*WRECKLESS DRIVING :*

DATE OF CONVICTION(S) AND SENTENCE(S)

*5/84 2 WEEKENDS COMMUNITY SERVICE + FINE.*

NAME AND ADDRESS OF SENTENCING COURTS

*ALLEN COUNTY  
100 MAIN STREET  
FORT WAYNE, IN*

CHECK YES OR NO TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☒ No2. Are you currently on probation / parole? ☐ Yes ☒ No

If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE

*N/A*

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

*N/A***Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)**

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes and Fire Safety to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE

*Kirk D. Vachon*

DATE

*6-8-07*

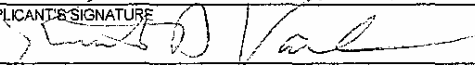
**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT:		
CITY	STATE	ZIP	FROM (MO/DAY/YR) _____ TO (MO/DAY/YR) _____		
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    NO. HRS/WEEK _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
_____ _____ _____					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, _____		
SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____		
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN		
			(Signature) NOTARY PUBLIC _____		
			MY COMMISSION EXPIRES: _____		

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT:		
CITY	STATE	ZIP	FROM (MO/DAY/YR) _____ TO (MO/DAY/YR) _____		
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    NO. HRS/WEEK _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
_____ _____ _____					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, _____		
SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____		
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN		
			(Signature) NOTARY PUBLIC _____		
			MY COMMISSION EXPIRES: _____		

**Certification and Signature** (To be completed by all applicants)

I certify the information provided is true and accurate to the best of my ability and I have the experience required for this examination. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.	
APPLICANT'S SIGNATURE 	DATE 6-5-07

Trans Info: 92 13031739-1 06/11/07  
Chk#: 2062 Amt: \$50.00 ✓  
ID: KIRK VACHON





JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

July 18, 2007

Mr. Christopher K. Kontny  
920 Chapple Ave.  
Ashland, WI 54806

Dear Mr. Kontny:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:20**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Wisconsin** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.


Your application for Plumbing exam was **not signed and dated**. Your original application will be placed in our pending file until the enclosed application is completed and returned to us.

Please return this letter with the required documents to:

Department of Labor & Economic Growth  
Bureau of Construction Codes, Plumbing Division  
P.O. Box 30254  
Lansing, Michigan 48909

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

  
Robert G. Konyndyk, Chief  
Plumbing Division

RGK/mkr  
Enclosure

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9330 • Fax (517) 373-8547  
[www.michigan.gov](http://www.michigan.gov)

6/26/7 ch#1471 50.00  
ID Chris Kontny 92  
RM

**Application for Master Plumber Examination**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9333  
www.michigan.gov

**Examination Fee: \$50.00 (Nonrefundable)**

Authority: 2002 PA 733	The Department of Labor and Economic Growth
Completion: Necessary for examination consideration	national origin, color, marital status, disability
Penalty: Application cancelled and fee forfeited	with Disabilities Act, you may make your n

Out of State Experience  
No plumbing license in Michigan  
Signature / no applicant **OK**

**Instructions:** Applicant shall be at least 18 years of age, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 hours experience in work as a journey plumber over a period of at least 2 years immediately preceding the date of application.

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and fee to the address above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

		OFFICE USE ONLY T-81 - 12150
<b>Applicant Information</b>		
NAME (Last, First, Middle) Kontny K. CHRISTOPHER		SOCIAL SECURITY NUMBER*
HOME ADDRESS 920 CHAPPEL AVE		DATE OF BIRTH
CITY ASHLAND		COUNTY ASHLAND
STATE WI	ZIP CODE 54806	TELEPHONE NUMBER (include Area Code)

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Journey Plumber License No. 82- _____		
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. <u>14972</u> State/Country <u>WISCONSIN</u>		

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date  
SEPTEMBER 2007

☐ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

### Background Information

Have you been convicted of a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

### Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
NA	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
NA	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NA	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
NA	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
NA	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

### Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
K. Christopher Kontny	6-18-07

Out of  
STATE  
Applicable

**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			From: To:		
STATE			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
ZIP CODE					
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____,		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			From: To:		
STATE			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
ZIP CODE					
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____,		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Certification and Signature** (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE

Original application is held in the Plumbing Division's office. Please complete the application and return to us promptly.

**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT:		
CITY	STATE	ZIP	FROM (MO/DAY/YR) _____ TO (MO/DAY/YR) _____		
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME NO. HRS/WEEK _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, _____		
SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____		
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN		
			(Signature) NOTARY PUBLIC _____		
			MY COMMISSION EXPIRES: _____		

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT:		
CITY	STATE	ZIP	FROM (MO/DAY/YR) _____ TO (MO/DAY/YR) _____		
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME NO. HRS/WEEK _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection or revocation of license, if issued.			SUBSCRIBED AND SWORN BEFORE ME, _____		
SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____		
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN		
			(Signature) NOTARY PUBLIC _____		
			MY COMMISSION EXPIRES: _____		

**Certification and Signature** (To be completed by all applicants)

I certify the information provided is true and accurate to the best of my ability and I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
APPLICANT'S SIGNATURE <i>K. Christopher Kontny</i>	DATE 7-25-07

Mr. Christopher K. Kontny  
Out of State Applicant  
Scheduled to appear before board  
September 18, 2007



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

August 6, 2007

Mr. Bill T. Calvas  
24626 Oxford  
Dearborn, MI 48124

Dear Mr. Calvas:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:25**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of California** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/mkr

Enclosure

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9330 • Fax (517) 373-8547  
[www.michigan.gov](http://www.michigan.gov)

**Application for Master Plumber Examination**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bcc

92

Trans Info: 92 13112100-1 07/23/07  
Chk#: 3312 Amt: \$50.00  
ID: BETTER HOMES MODERNIZATION

**Examination Fee: \$50.00 (Nonrefundable)**

Authority: 2002 PA 733	The Department of Labor and Economic
Completion: Necessary for examination consideration	national origin, color, marital status, disal
Penalty: Application cancelled and fee forfeited	with Disabilities Act, you may make your i

Out of State Experience  
No plumbing license in Michigan

**Instructions:** Applicant shall be at least 18 years of age, hold a journe hours experience in work as a journey plumber over a period of at lea

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and fee to the address above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

Applicant Information		OFFICE USE ONLY
NAME (Last, First, Middle) <b>CALVAS, Bill Tom</b>		T-81-12178
HOME ADDRESS <b>24626 Oxford</b>		SOCIAL SECURITY NUMBER*
CITY <b>Dearborn</b>		DATE OF BIRTH
STATE <b>MI.</b>		COUNTY <b>WAYNE</b>
ZIP CODE <b>48124</b>		TELEPHONE NUMBER (Include Area Code)

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Journey Plumber License No. 82-_____	
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Master Plumber License No. <b>897572</b> State/Country <b>California, USA.</b>	

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date

☒ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <i>Better Homes Mod.</i>			NAME OF MASTER PLUMBER <i>Bill Calvas</i>		
BUSINESS ADDRESS <i>24626 Oxford St.</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY <i>Obn.</i>	STATE <i>MI.</i>	ZIP CODE <i>48124</i>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK _____ _____ _____					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____		
SIGNATURE OF MASTER PLUMBER <i>Bill Calvas</i>					
LICENSE NUMBER <i>897572</i>					

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER <i>N/A</i>			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK _____ _____ _____					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____		
SIGNATURE OF MASTER PLUMBER					
LICENSE NUMBER					

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>Bill Calvas</i>	DATE <i>7-19-07</i>



**Background Information**

Have you been convicted of a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED N/A	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED N/A	
DATE(S) OF CONVICTION(S) AND SENTENCE(S) N/A	
NAME AND ADDRESS OF SENTENCING COURT(S) N/A	
CHECK YES OR NO TO THE FOLLOWING 1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer. N/A	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE N/A	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT N/A	DATE
-------------------------------	------



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

August 6, 2007

Mr. Daniel M. Soria Jr.  
1052 Albin Drive  
Laporte, IN 46350

Dear Mr. Soria:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:30**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Indiana** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/mkr

Enclosure

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9330 • Fax (517) 373-8547  
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**Application for Master Plumber Examination**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bcc

92

**Examination Fee: \$50.00 (Nonrefundable)**

Authority: 2002 PA 733	The Department of Labor and Economic Growth
Completion: Necessary for examination consideration	national origin, color, marital status, disability
Penalty: Application cancelled and fee forfeited	with Disabilities Act, you may make you

Out of State Experience  
No plumbing license in Michigan.  
He is scheduled to take our 09/26/2007  
plumbing contractor exam.

**Instructions:** Applicant shall be at least 18 years of age, hold a journey plumber license, and have at least 5 years experience in work as a journey plumber over a period of at least 2 years.

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and fee to the address above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

<b>Applicant Information</b>		OFFICE USE ONLY T-81-12179
NAME (Last, First, Middle) SERIA JR. DANIEL M.		SOCIAL SECURITY NUMBER*
HOME ADDRESS 1052 ALBIN DRIVE		DATE OF BIRTH
CITY LaPorte		COUNTY LaPorte
STATE INDIANA	ZIP CODE 46350	TELEPHONE NUMBER (include Area Code)

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Journey Plumber License No. 82- <u>Out of State</u>		
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. <u>JP29700953</u> State/Country <u>INDIANA</u>		

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date

SEPTEMBER - 2007

☒ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor?

☐ Yes☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK YES OR NO TO THE FOLLOWING

1. Are you a current inmate?

☐ Yes☐ No

2. Are you currently on probation / parole?

☐ Yes☐ No

If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT

DATE

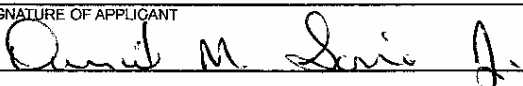
**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
			From: _____ To: _____		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____, _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
			From: _____ To: _____		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____, _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Certification and Signature** (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE
	



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

August 28, 2007

Mr. Rickey G. Gibson  
1901 Melrose Street  
Garland, TX 75042

Dear Mr. Gibson:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **11:35**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Texas** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/mkr

Enclosure

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**Application for Master Plumber Examination**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bcc

92

Tran Info: 92 13192558-1 08/20/07  
Chk#: 10141863243 Amt: \$50.00 ✓  
ID: RICKEY GIBSON

**Examination Fee: \$50.00 (Nonrefundable)**

Authority: 2002 PA 733	The Department of Labor and Economic Growth
Completion: Necessary for examination consideration	national origin, color, marital status, disability, or
Penalty: Application cancelled and fee forfeited	with Disabilities Act, you may make your needs known

Out of state experience  
No plumbing license in Michigan.

**Instructions:** Applicant shall be at least 18 years of age, hold a journey license, and have at least 2 years experience in work as a journey plumber over a period of at least 2 years.

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and fee to the address above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

<b>Applicant Information</b>		OFFICE USE ONLY T-81 12190
NAME (Last, First, Middle) <b>Gibson, Rickey Gene</b>		SOCIAL SECURITY NUMBER*
HOME ADDRESS <b>1901 MELROSE STREET</b>		DATE OF BIRTH
CITY <b>GARLAND</b>		COUNTY <b>U.S.A.</b>
STATE <b>TEXAS</b>	ZIP CODE <b>75042</b>	TELEPHONE NUMBER (Include Area Code)

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Journey Plumber License No. 82- _____		
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. <b>RF 0066544</b> State/Country <b>Florida U.S.A.</b>		

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.	
Preferred Date _____	<input checked="" type="checkbox"/> No Preference - Next Available Examination
If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.	

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK YES OR NO TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☒ No

2. Are you currently on probation / parole? ☐ Yes ☒ No

If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT


DATE

*Ricky Rene Dilon*

*08/14/07*



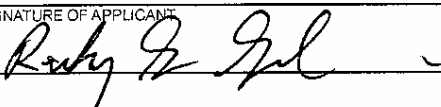
**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <b>LAKE SUMTER PLUMBING</b>			NAME OF MASTER PLUMBER <b>Rickey Gene Gibson</b>		
BUSINESS ADDRESS <b>1901 MELROSE ST</b>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <b>3/1/1992</b> To: <b>PRESENT</b>		
CITY <b>GARLAND</b>	STATE <b>TEXAS</b>	ZIP CODE <b>75042</b>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <b>40+</b>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <b>OWNER AND MASTER PLUMBER OF THIS PLUMBING CONTRACTOR COMPANY, ROUGH, TOP OUT, MOD GAS, TRIM OUT, REPAIR</b>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <b>Rickey G. Gibson</b> this <b>10th</b> day of <b>February</b> , <b>2007</b> a Notary Public in and for <b>TEXAS</b> My Commission expires: <b>02/10/2008</b>		
SIGNATURE OF MASTER PLUMBER 			Notary Public Seal: <b>DIANNE KOLB</b> Notary Public STATE OF TEXAS My Commission expires: <b>02/10/2008</b>		
LICENSE NUMBER <b>RF 0066544</b>					

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			From: To:		
STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week			
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____ a Notary Public in and for _____ County, Michigan. Signature of Notary Public: _____ My Commission expires: _____		
SIGNATURE OF MASTER PLUMBER					
LICENSE NUMBER					

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT 	DATE <b>8/14/07</b>



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

August 28, 2007

Mr. Jeremy T. Gluskin  
1219 S. Forest Ave.  
Ann Arbor, MI 48104

Dear Mr. Gluskin:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **11:40**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of California** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/mkr

Enclosure

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9330 • Fax (517) 373-8547  
[www.michigan.gov](http://www.michigan.gov)

**Application for Master Plumber Examination**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bcc

92

**Examination Fee: \$50.00 (Nonrefundable)**

Authority: 2002 PA 733	The Department of Labor and Economic Growth
Completion: Necessary for examination consideration	national origin, color, marital status, etc.
Penalty: Application cancelled and fee forfeited	with Disabilities Act, you may make you

Out of state experience  
No plumbing license in Michigan.

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**Instructions:** Applicant shall be at least 18 years of age, hold a jour  
hours experience in work as a journey plumber over a period of at least 2 years immediately preceding the date of application.

100

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and fee to the address above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

<b>Applicant Information</b>		OFFICE USE ONLY T-81 12191
NAME (Last, First, Middle) <b>Gluskin, Jeremy, Tyler</b>		SOCIAL SECURITY NUMBER*
HOME ADDRESS <b>1219 S. Forest Ave.</b>		DATE OF BIRTH
CITY <b>Ann Arbor</b>		COUNTY <b>Washtenaw</b>
STATE <b>MI</b>	ZIP CODE <b>48104</b>	TELEPHONE NUMBER (Include Area Code)

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Journey Plumber License No. 82- _____		
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. <b>761458</b> State/Country <b>California</b>		

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.	
<u>Preferred Date</u> <b>September</b>	<input type="checkbox"/> No Preference - Next Available Examination
If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.	

\*This information is confidential. Disclosure of confidential  
information is protected by the Federal Privacy Act.

### Background Information

Have you been convicted of a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

### Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK YES OR NO TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☐ No

2. Are you currently on probation / parole? ☐ Yes ☐ No

If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

### Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT

DATE

Tran Info:92 13185644-1 08/16/07  
Chk#: 1006 Amt: \$50.00  
ID: JEREMY GLUSKIN

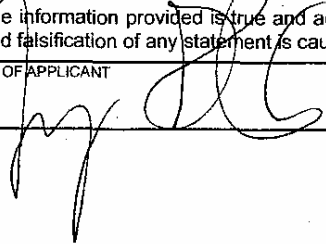
**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			From: To:		
STATE			No. Hours/Week		
ZIP CODE			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.					
SIGNATURE OF MASTER PLUMBER			Subscribed and sworn before me, _____		
LICENSE NUMBER			this _____ day of _____		
			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			From: To:		
STATE			No. Hours/Week		
ZIP CODE			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
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**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE
	8/1/07

**PLUMBING INSPECTORS**

**09/18/07 spb**

**11/07/07 ccc**

BROZEK, Gary B  
Master License #8106991 (1978)  
Replacing Robert H. Scott (Registration #000857)  
City of Dearborn – Wayne County